MARIAN FRANCISCAN CENTER 9632 WEST APPLETON AVENUE

MI LWAUKEE 53225 Ownershi p: Nonprofit Church/Corporation Phone: (414) 461-8850 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes No Number of Beds Set Up and Staffed (12/31/01): 252 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 279 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 239 Average Daily Census: 242 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	36. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	37. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	3. 3	Under 65	28. 9	More Than 4 Years	26. 4
Day Services	No	Mental Illness (Org./Psy)	22.6	65 - 74	13. 4		
Respite Care	Yes	Mental Illness (Other)	10. 5	75 - 84	24.7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	2. 5	85 - 94	29. 3	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	2. 5	95 & 0ver	3. 8	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	2. 5	İ	ľ	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 4		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	14. 2	65 & 0ver	71. 1		
Transportati on	No	Cerebrovascul ar	15. 5	'		RNs	15. 9
Referral Service	No	Di abetes	5. 4	Sex	%	LPNs	7. 3
Other Services	Yes	Respiratory	5. 4		Ì	Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	15. 1	Male	36.4	Aides, & Orderlies	32.6
Mentally Ill	No			Femal e	63. 6		
Provi de Day Programmi ng for			100. 0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		Family Care		]	Managed Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of 3 All
Int. Skilled Care	0	0. 0	0	30	16. 3	128	0	0.0	0	0	0. 0	0	1	20. 0	128	0	0.0	0	31	13. 0
Skilled Care	15	100.0	320	148	80. 4	109	0	0.0	0	19	90. 5	165	2	40.0	109	14	100.0	210	198	82.8
Intermediate				6	3. 3	90	0	0.0	0	2	9. 5	165	2	40.0	90	0	0.0	0	10	4. 2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		184	100.0		0	0.0		21	100.0		5	100.0		14	100.0		239	100.0

County: Milwaukee MARIAN FRANCISCAN CENTER

Admissions, Discharges, and Deaths During Reporting Period	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01									
beachs builting kepoliting relifou			% N	eedi ng		Total				
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of			
Private Home/No Home Health	7. 1	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents			
Private Home/With Home Health	4. 0	Bathi ng	4. 6		51. 9	43. 5	239			
Other Nursing Homes	2.6	Dressi ng	16. 3		44. 4	39. 3	239			
Acute Care Hospitals	83. 2	Transferring	31. 4		35. 6	33. 1	239			
Psych. HospMR/DD Facilities	1.4	Toilet Use	24. 7		36. 4	38. 9	239			
Reĥabilitation Hospitals	0.3	Eating	41.8		26. 8	31. 4	239			
Other Locations	1.4	**************	******	*****	******	******	******			
Total Number of Admissions	352	Continence			pecial Treatmen		%			
Percent Discharges To:		Indwelling Or Externa		10. 9	Receiving Resp		9. 6			
Private Home/No Home Health	22. 9	0cc/Freq. Incontinent		46. 0	Recei vi ng Trac	3	7. 1			
Private Home/With Home Health	11.6	0cc/Freq. Incontinent	of Bowel	44. 8	Receiving Suct		7. 5			
Other Nursing Homes	6.8				Receiving Osto		2. 1			
Acute Care Hospitals	13. 9	Mobility			Receiving Tube		13. 8			
Psych. HospMR/DD Facilities	0. 6	Physically Restrained	l	0. 8	Receiving Mech	anically Altered Diets	s 41.4			
Rehabilitation Hospitals	0. 0									
Other Locations	13. 0	Skin Care		C	ther Resident C					
Deaths	31. 2	With Pressure Sores		7. 5	Have Advance D	i recti ves	81. 6			
Total Number of Discharges		With Rashes		0.8 N	ledi cati ons					
(Including Deaths)	353				Receiving Psyc	hoactive Drugs	51. 0			

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	Thi s		· Hospi tal -		Al l
	Facility	Based	Facilities	Faci	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86. 4	88. 1	0. 98	84. 6	1. 02
Current Residents from In-County	92. 5	83. 9	1. 10	77. 0	1. 20
Admissions from In-County, Still Residing	23. 0	14. 8	1. 55	20. 8	1. 11
Admissions/Average Daily Census	145. 5	202. 6	0. 72	128. 9	1. 13
Discharges/Average Daily Census	145. 9	203. 2	0. 72	130. 0	1. 12
Discharges To Private Residence/Average Daily Census	50. 4	106. 2	0. 47	52. 8	0. 96
Residents Receiving Skilled Care	95. 8	92. 9	1. 03	85. 3	1. 12
Residents Aged 65 and Older	71. 1	91. 2	0. 78	87. 5	0.81
Title 19 (Medicaid) Funded Residents	77. 0	66. 3	1. 16	68. 7	1. 12
Private Pay Funded Residents	8. 8	22. 9	0. 38	22. 0	0.40
Developmentally Disabled Residents	3. 3	1. 6	2. 14	7. 6	0.44
Mentally Ill Residents	33. 1	31. 3	1.06	33. 8	0. 98
General Medical Service Residents	15. 1	20. 4	0. 74	19. 4	0. 78
Impaired ADL (Mean)*	<b>56.</b> 8	49. 9	1. 14	49. 3	1. 15
Psychological Problems	51. 0	53. 6	0. 95	51. 9	0. 98
Nursing Care Required (Mean)*	11. 2	7. 9	1. 42	7. 3	1. 53